

DEKALB COUNTY SUNDAY SALES APPLICATION

Name of Business _____

Business Address _____

This affidavit must be fully completed, signed by licensee and notarized. Renewals are due by November 30 for the next calendar year. Renewals submitted after November 30 will be charged a ten (10) percent late payment penalty and interest charges of one (1) percent per month or fraction of a month. **The annual license fee is \$1100.00.** New applicants will pay a pro-rated license fee which includes the month of application, plus the remaining months in the calendar year.

License Fee + _____ + _____ = \$ _____
10 % Penalty Interest Charges Amount Due

The following information must be provided for the last twelve months that the business was open. If the business has been open less than twelve (12) months, please provide actual sales for time open.

1. Period for which information is provided _____
2. Gross receipts/sales from food and food service. \$ _____ = (_____) %
3. Gross receipts/sales from beer, wine and/or liquor. \$ _____ = (_____) %
4. Total of food and beverage sales (lines 2 & 3) for this period. \$ _____ = (100%)

Briefly describe how the sales are totaled or divided into the food and beverage service amounts:

I certify that I have a working knowledge of the books and records of the above establishment and to the best of my knowledge that these figures are true and correct. **I hereby affirm** in accordance with Dekalb County Ordinances 4-128; 4-149 and 4-164 **that at least 60% of this establishment's food and beverage service for the last 12 months (365 days) is derived from the sale of food and food products.** I further affirm that DeKalb County may request an audit, at any time, at the licensee's expense to verify these figures.

THIS FORM MUST BE FULLY COMPLETED, SIGNED AND NOTARIZED. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

Name of Preparer (please print or type)

Name of Licensee (please print or type)

Signature of Preparer

Signature of Licensee

Date

Sworn under oath on this _____ - _____ - _____
Month Day Year

Notary Signature and Seal

DO NOT MAIL PERSONAL OR BUSINESS CHECKS.
Return the original with a cashiers check or money order for the exact amount due.

DeKalb County Internal Audit & Licensing
P. O. Box 100020, Decatur, Ga. 30031